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DATE: NOVEMBER 3, 2006

**FACSIMILE TRANSMITTAL SHEET**

<b>TO:</b> Patent Department	<b>COMPANY:</b> U.S. Patent & Trademark Office	<b>FAX NUMBER:</b> 571-273-8300	<b>PHONE NUMBER:</b> 571-272-1000
<b>FROM:</b> John P. Blasko	<b>PHONE NUMBER:</b> (609) 895-6639	<b>EMAIL:</b> jblasko@foxrothschild.com	<b>BILLING NUMBER:</b> 1149
<b>NUMBER OF PAGES:</b> 67	<b>CHARGE FILE #:</b> 39894.00016	<b>PRIORITY:</b> RUSH	<b>LOG NUMBER:</b>

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**NOTES/COMMENTS:**

U.S. Patent Serial No. 10/717,226; filed November 19, 2003; Kim et al.; for "Apparatus and Method for Whitening Teeth"

1. Transmittal Form (1 page)
2. Fee Transmittal (1 page)
3. Response Under 37 C.F.R. § 1.111 (11 pages)
4. Petition for Extension of Time (1 page)
5. Information Disclosure Statement (1 page)
6. Copies of Certified Translation of Korean Priority Document (49 pages)
7. Terminal Disclaimer (3 pages)

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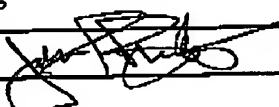
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/717,225
	Filing Date	November 19, 2003
	First Named Inventor	KIM
	Art Unit	1814
	Examiner Name	ROBERTS, Lezah
Total Number of Pages in This Submission	Attorney Docket Number	39894.00601

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Fox Rothschild LLP	
Signature		
Printed name	John P. Blasko	
Date	November 3, 2006	Reg. No. 31,149

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature		
Typed or printed name	John P. Blasko	Date November 3, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 390

## Complete if Known

Application Number	10/717,226
Filing Date	11/19/2003
First Named Inventor	KIM
Examiner Name	ROBERTS, L
Art Unit	1614
Attorney Docket No.	39894-00601

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## METHOD OF PAYMENT (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description				Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)				50	25
Each independent claim over 3 (including Reissues)				200	100
Multiple dependent claims				360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
- 20 or HP =		x	=	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =		x	=		
HP = highest number of independent claims paid for, if greater than 3.					

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): TERMINAL DISCLAIMERS (3)

Fees Paid (\$)

390

## SUBMITTED BY

Signature

Name (Print/Type) JOHN P. BLASKO

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(Attorney/Agent)

Telephone 609-895-6639

Date 11/03/2006

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